tracking# 70112000000104093761

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

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1. NAME OF COMMITTEE (in full)

14031254877

TYPE OR PRINT ▼

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FEC IDENTIFICATION NU	IMBER ▼	CITY		STATE A	ZIP CODE A
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April 15 Quarterly Reports: April 15 Quarterly Report (Quarterly Report (Quarterly Report (Quarterly Report (Quarterly Report (Quarterly Report (Quarterly Report (Yusar-End Report (Non-election Year Only) (MY) Termination Report (TER)	(C) 12-Day PRE-Elec Report fo (d) 30-Day POST-Ele Report fo	Election on G	May 20 (Ms Jun 20 (M6 Jul 20 (M7) rimary (12P) convention (12C) deneral (30G)	Total	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
	4 / 0 1 / 2	0 1 4		and Records	0 1 4
certify that I have examined the Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, errone	Christopher	Slimmer		Date 0 7 /	0 8 / 2 0 1 4
Office Use Only				FE	EC FORM 3X Rev. 12/2004

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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

R	eport Covering the Period: From: 0 4	4 0 1 2 0 1 4 To	o: 0 6 / 3 0 / 2 0 1 4
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2 0 1 4		0
.•	(b) Cash on Hand at Beginning of Reporting Period	0	
	(c) Total Receipts (from Line 19)	0	
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	0	
7.	Total Disbursements (from Line 31)	0	O
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		. •
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	
		ndidate committee. (see FEC FORM 1M)	

Toll Free 800-424-9530 Local 202-694-1100

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DETAILED SUMMARY PAGE of Receipts

Page 3

Write or Type Committee Name

Report Covering the Period: From: 0 4	0 1 2 0 1 4 To	o: 0 6 3 0 2 0 1 4
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0	0
(i) Remized (use Schedule A)		
(ii) Unitemized	0	
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	0	
!		
(b) Political Party Committees		
(c) Other Political Committees		
(such as PACs)(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	0	
Transfers From Affiliated/Other		
Party Committees		
All Loans Received	0	. (
·		
Loan Repayments Received	. 0	
. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0	
Refunds of Contributions Made		•
to Federal Candidates and Other		
Political Committees		
(Dividends, Interest, etc.)	. 0	
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	. 0	
(b) Levin Funds (from Schedule H5)	0	
· · · · · · · · · · · · · · · · · · ·		
(c) Total Transfers (add 18(a) and 18(b))		
·		
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	0	0
		Branch Committee of Committee and School Committee and Committee of Committee and Comm
Total Endard Descipts		
. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 COLUMN A **COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) Federal Share (ii) Non-Federal Share..... 0 (b) Other Federal Operating 0 Expenditures (c) Total Operating Expenditures 0 (add 21(a)(i), (a)(ii), and (b))▶ 22. Transfers to Affiliated/Other Party Committees.....
Contributions to
Federal Candidates/Committees
and Other Political Committees... 0 0 24. Independent Expenditures 0 (use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... 0 0 0 26. Loan Repayments Made..... 27. Loans Made....... 28. Refunds of Control 0 Refunds of Contributions To:
(a) Individuals/Persons Other Than Political Committees 0 (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds 0 (add Line's 28(a), (b), and (c))..........▶ 29. Other Disbursements 30. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely 0 With Federal Funds (c). Total Federal Election Activity (add ... Lines 30(a)(i), 30(a)(ii) and 30(b)).... ▶ 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)......

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 **COLUMN A** COLUMN B III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures -(subtract Line 37 from Line 36)

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ITEMIZED RECEIPTS

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: OF PAGE Use separate schedule(s) (check only one) for each category of the 11a 11b **Detailed Summary Page** 13 14 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Creative Solutions in Healthcare, Inc. PAC, LLC Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation Name of Employer Receipt For: Aggregate, Year-to-Date ▼ **Primary** General Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt **Mailing Address** City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ **Primary** General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)					OP :	INC	UMPCO				PAGE		OF.	
ITEMIZED DISBURSEMENTS		Use separate schedule(s)				NUMBER: PAGE y one)				<u> </u>	OF			
I I FIMILED DISBORSEMENTS		for each category of the Detailed Summary Page			21b	22		23	2 ²	4 [25		26	
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or	•	rposes, other than using the nam	ne and address of any politic	cai con	nmitt	ee to	solicit co	ntrib	utions	s trom	such c	ommit	ee.	
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/	Creative	Solutions in H	ealthcare, Ind). P	'A (ا , ا	LLC							
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		Senate	Primary General											•
	State:	President District:	Other (specify) ▼											
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	Office Sought:	House Disburser	· — .											
		Senate President	Other (specify) —											
	State:	District:	Other (specify) ▼											
_		First, Middle Initial)				-	_	_						
C.							Date o	f Dis	sburse	ement				
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	Purpose of Disbur	rsement	· · · · · · · · · · · · · · · · · · ·											
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9	SUBTOTAL of Disb	ursements This Page (optional)				•	L		<i>i</i> n	Samuel Second			·	0
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۱ ا	TOTAL This Period	(last page this line number only))		•••••				البيطالان		علسمانا	ناسب السب	3	

SCHEDULE C (FEC Form 3X) LOANS

OANS	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full)		
Creative Solutions in Healthcare, Inc. PAC	, LLC	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Ele	ection:
		Primary
Mailing Address		General Other (specify)
Mailing Address		Journal (Specify)
City State ZIP Coo	de	
Original Amount of Loan Cumulative Payment To	Date Balance	Outstanding at Close of This Period
Date Incurred Date Due	Interest Rate	Secured: "Yes No
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial)	Name of Employer	
1. I dii Name (Edst, 111st, Middle Mittal)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Gutstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	1
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	referendend beneficial transferent
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount programme	
City State ZIP Code	Guaranteed Outstanding:	udamakanik Dandasudanikitanikond
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only)		0
Carry outstanding balance only to LINE 3, Schedule D, for this line. If $\boldsymbol{\theta}$	no Schedule D, carry forward	to appropriate line of Summary.

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DEBTS AND OBLIGATIONS schedule(s) for each (check only one)	SCHEDULE D (FEC Form 3X)	(Use separate	PAGE OF			
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2) TOTALS This Period (last page this line number only)			0			
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			0			

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	LIMELD MOLI LINDLINI EM LINDII ONLO	FOR LINE 24 OF FORM 3X
Creative Solutions in Healthcare, Inc. PAC, LLC C 0 0 5 1 3 1 9 2	NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Full Name (Last, First, Middle Initial) of Payee Date	Creative Solutions in Healthcare,Inc.PAC,I	
Mailing Address City Siste Zip Code Purpose of Expenditure— Category/ Type Category/ Check One: Support Opposed by Expenditure: Check One: Support Opposed Calendar Year-To-Date Per Election for Office Sought Amount City State Zip Code Mailing Address Amount Check One: Support Opposed Disbursement For: Primary General Orthor (specify) Full Name (Last, First, Middle Initial) of Payee Mailing Address Amount City State Zip Code Purpose of Expenditure Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose District: President Office Sought Office Sought Oppose	Check if 24-hour report 48-hour report X New report Amends report file	ed on May / Dab / Vararay
Mailing Address City State Zip Code Purpose of Expenditure Category/ Type Office Sought: Senate District: President Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Amount Check One: Support Oppose Disbursement For: Primary General City State Zip Code Mailing Address Amount City State Zip Code Office Sought: House State: Support Oppose Disbursement For: Primary General Office Sought:	Full Name (Last, First, Middle Initial) of Payee	B-1-
City State Zip Code Purpose of Expenditure		Date
Purpose of Expenditure Purpose of Expenditure Category/ Type Check One: Sanate District: President Check One: Support Oppose Oppose Calendar Year-To-Date Per Election for Office Sought Type Office Sought Off	Mailing Address	- [
Purpose of Expenditure		Amount
Name of Federal Candidate Supported or Opposed by Expenditure: Check One:	City State Zip Code	
Calendar Year-To-Date Per Election for Office Sought Full Name (Last, First, Middle Initial) of Payee Mailing Address	Category, a	H ₅₁ — [
Full Name (Last, First, Middle Initial) of Payee Date		
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City State Zip Code Purpose of Expenditure Category/ Type Office Sought: House State: Senate District: President Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures O Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at tria request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	Mailing Address	Amount
Name of Federal Candidate Supported or Opposed by Expenditure: Calendar Year-To-Date Per Election for Office Sought Category Check One: Calendar Year-To-Date Per Election for Office Sought Cother (specify)	City State Zip Code	
Name of Federal Candidate Supported or Opposed by Expenditure: Check One: Support Oppose Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures	Category/ a	Sanata ——
Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Other (specify)	Date Control of the C	District.
(a) SUBTOTAL of Itemized Independent Expenditures		eck One: Support Oppose
(c) TOTAL Independent Expenditures	Calendar real-10-Date Fer Liection	
(c) TOTAL Independent Expenditures	(a) SUBTOTAL of Itemized Independent Expenditures	0
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date 0 7 0 8 2 0 1 4		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date 0 7 0 8 2 0 1 4	(b) SUBTOTAL of Unitemized Independent Expenditures	0
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date 0 7 0 8 2 0 1 4	(c) TOTAL Independent Expenditures	0
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Federal Election Commission **ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) USPS Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):